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Bib Data Sheet

CONFIRMATION NO. 8275

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/080,423  | <b>FILING DATE</b><br>02/22/2002<br><b>RULE</b>   | <b>CLASS</b><br>707           | <b>GROUP ART UNIT</b><br>2171   | <b>ATTORNEY DOCKET NO.</b><br>DP-307007/DE3-0276 |                                |
| <b>APPLICANTS</b><br>Tulip Shah, Novi, MI;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/22/2002</b>   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials |   | <b>STATE OR COUNTRY</b><br>MI | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>26                        | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>EDMUND P. ANDERSON<br>DELPHI TECHNOLOGIES, INC.<br>Legal Staff, Mail Code: 480-414-420<br>P.O. Box 5052<br>Troy ,MI 48007-5052  |   |                               |   |  |                                |
| <b>TITLE</b><br>Method, system and storage medium for providing supplier branding services over a communications network  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>932   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |